For 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

OMB No 1545-0047

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			▶ Do not enter social security numbers on this form, as it may be m	ade pu	DIIC.	$\eta_0 \sim 10^{10}$	222222 <u>4</u> 222		
Depa	artment o nal Rever	of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest in	formati	<u></u>	<u> </u>	nspection		
A For the 2020 calendar year, or tax year beginning July 1		ar year, or tax year beginning July 1 , 2020, and en	ding		e 30	, 20 21			
В	Check if ap	pplicable	C Name of organization		D Employe	er identifi	cation number		
=	Address c	-	St. Patrick Celebrations, Inc.			91-2134337			
	Name cha	- 1	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telepho	ne numbe	Г		
=	! Amended return					(410) 33	37-5446		
7						Exemption	on		
		n pending	Towson MD 21286	UÙ	Numbe	er ►	7		
G A							organization is not		
I V	Vebsite	::► Irishp	arade.Net	- 1			Schedule B		
JT	Tax-exempt status (check only one) $ \checkmark$ 501(c)(3) \bigcirc 501(c) () \triangleleft (insert no) \bigcirc 4947(a)(1) or \bigcirc 527 (Form 9)						, or 990-PF)		
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total	assets				
			5500,000 or more, file Form 990 instead of Form 990-EZ		· · •	\$			
13	वारी()		e, Expenses, and Changes in Net Assets or Fund Balances (se		instruction	ons for	Part I)		
_			the organization used Schedule O to respond to any question in this	Part I			<u>U</u>		
	1		ons, gifts, grants, and similar amounts received			1	220		
	2	•	ervice revenue including government fees and contracts		· }	2	30,518		
	3		ip dues and assessments	•	·	3			
	4	Investment	1 1		· <u> -</u>	4	76		
	5a		ount from sale of assets other than inventory			1			
AUG. B. 2026	b		or other basis and sales expenses						
	C	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	•	. 5	ic			
	6	_	d fundraising events.						
هه.	а	\$15,000)	ome from gaming (attach Schedule G if greater than		ł				
4	L	•	me from fundraising events (not including \$ 9,835 of cont	ributio	ne				
چې د	b		aising events reported on line 1) (attach Schedule G if the	Houtio	113				
3	İ		th gross income and contributions exceeds \$15,000) . 6b			1			
	С		at expenses from gaming and fundraising events 6c	·····					
7	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd sub	otract				
ž	-	line 6c) .				id	9,835		
Z	7a	•	s of inventory, less returns and allowances 7a		F		0,000		
SCANNED	ь		of goods sold						
Ĭ	c		it or (loss) from sales of inventory (subtract line 7b from line 7a)		. 7	'c			
	8	•	nue (describe in Schedule O)		. 🗔	В			
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	سيس.	→ □	9	40,649		
	10			. D	1	0	17,000		
	11	Benefits pa	I similar amounts paid (list in Schedule O) aid to or for members Ther compensation, and employee benefits	بنايا	91 <u> </u>	1			
es	12				S 1	2			
Expenses	13	Profession	al fees and other payments to independent contractors. NOV 0 4 20	7.1	1071 -	3			
φ	14		191			5			
ω	15						10		
	16	•	enses (describe in Schedule O)		_ ⊢	6	-3,894		
	17		enses. Add lines 10 through 16	:		7	13,116		
ţ	18		(deficit) for the year (subtract line 17 from line 9)			8	27,533		
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must	agree	l l	_			
Net Assets		-	r figure reported on pnor year's return)	•	<u> </u>	9	216,835		
Vet	20		iges in net assets or fund balances (explain in Schedule O)			20			
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶ 2	21	244,368		

Form 9	90-EZ (2020)	·				Page 2
[Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	ı	(B) End of year
	On the second of			216,835	22	
22 23	Cash, savings, and investments	•	• • • •	210,833	23	244,368
23 24	Land and buildings	• •			24	
24 25	Total assets			216,835		244.368
26	Total liabilities (describe in Schedule O)		· · · · · ·	210,033	26	244,300
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	216,835	27	244,368
Pari					ĺ	
	Check if the organization used Schedule				/0.	Expenses
What	is the organization's primary exempt purpose?	To fund an annual pa	arade			equired for section 1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of		ganizations, optional for iers)
28	Parade expenses (See schedule O)					
					-	_
	14.4	includes foreign gra	ints, check here	▶ ⊔	28	a -3,842
29	See schedule O					
	(Grants \$) If this amount	includes foreign gra	ints, check here	. ▶ □	29	a 17,000
30	(citatio 4) it till attribute					
	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ 🗆	30	a
31	Other program services (describe in Schedule O)			· · · · _		
	<u> </u>	includes foreign gra			31	
32	Total program service expenses (add lines 28a t		· · · · · · · · · · · · · · · · · · ·	· · · · b	32	107.00
Pati					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a		T	-1	<u> Ц</u>
	4334	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e) Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
	U-shott (Procedont)		(ii not paid, enter -0-)	deterred dompensation	+	
Sean	Hackett (President)				0	O
Thor	as Fitzsimmons (Treasurer)	-			*	
	as i (asiminons (i reasure)	2	o		0	0
Laure	n Merrill (Secretary)					
		2	io		0	0
Arthu	r Casserly (Board Member)					
		1	0		0	0
Denn	s Finnegan (Board Member)	_			ł	
		1	<u>_</u>		0	0
Timot	hy Harvey (Board Member)					_
		2	0		<u> </u>	0
John	Kerney (Board Member)					
	A second (Decod March 2)	1	0		<u> </u>	0
Kevin	Leonard (Board Member)	-	٥	1	0	o
	Pood (Roard Momber)	2		†	-	
VeAIU	Reed (Board Member)	1	o		0	O
Willia	m McCarthy Jr (Board Member)	•	<u> </u>	<u> </u>	+	
		-1	i	I	- 1	



			V	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	.vo
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		✓
ь 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		✓
a b 40a	Initiation fees and capital contributions included on line 9			
b	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			·
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed	440) 21		
42a	The digarazation o books are in our our of the state of t	410) 33		
h	Located at ▶ 803 Stone Barn Rd. Towson, MD ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	212	Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	✓
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			i
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		1

			<u> </u>					Yes	No	
46	Did t	ne organization engage, directly or in	ndirectiv in political c	amnaion activities	on hehalf	of or in opposit	tion [163	140	
70		ndidates for public office? If "Yes," of			. On Bondin	or or in opposit	46		1	
Part \		Section 501(c)(3) Organizations						ــــــــــــــــــــــــــــــــــــــ	<u> </u>	
Lair		All section 501(c)(3) organization		ctions 47, 40h a	nd 52 on	d complete th	a tablas	forlin		
		,	s must answer que	Stions 47-490 at	nu 52, and	a complete th	e tables	101 1111	es	
		50 and 51.								
		Check if the organization used Scl	nedule O to respond	to any question	in this Par	<u>t VI</u>	· ·	<u>, : </u>	<u>. Ц</u>	
								Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax									
	year?	year? If "Yes," complete Schedule C, Part II								
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," comple	te Schedu	le E	. 48		1	
49a	Did the organization make any transfers to an exempt non-chantable related organization?									
b	Did the organization make any transfers to an exempt non-chantable related organization?									
50		plete this table for the organization's					- L.		d kev	
- •		oyees) who each received more than								
						lealth benefits				
	/21	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		itions to employee	(e) Estima	ed amo	unt of	
	(4)	Name and the or cach employee	devoted to position	(Forms W-2/1099-MI		olans, and deferred	other co	mpensa	tion	
		· · · · · · · · · · · · · · · · · · ·				ompensation				
None						1				
			··							
						}				
							•			
						İ				
f	Total	number of other employees paid over	er \$100.000	. ▶						
51	Complete this table for the organization's five highest compensated independent contractors who each receive									
٠.		,000 of compensation from the organ								
						1	_			
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensa	tion		
 None						1				

		· · · · · · · · · · · · · · · · · · ·								
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d		number of other independent contra	-		.▶					
52		he organization complete Schedu	le A? Note: All se	ction 501(c)(3) oi	ganization	s must attach				
	<u>·</u>	leted Schedule A					► ✓ Ye		No	
Under pe	enalties	of perjury I declare that I have examined this re	eturn, including accompany	ing schedules and stat	ements, and t	to the best of my kn	owledge an	d bellef,	ıt is	
true, corr	ect, and	complete Declaration of preparer (other than	officer) is based on all info	mation of which prepai	rer has any kr	owledge				
		VIUYS Som	m			10/20	6/20	2/		
Sign		Signature of officer				Date	1	-		
Here	Ì	Thomas Fitzsimmons								
	Type or print name and title									
	Propagarie suppature						PTIN			
Paid		×1 - +			Check if self-employed					
Prepa		Firm's name	J			Firm's EIN ▶	1			
Use C	חון	Firm's name ► Firm's address ►				Phone no				

Form 990-EZ (2020)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2020

Department of the Treasury Internal Revenue Service

Part I

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

Name of the organization

St. Patrick Celebrations, Inc.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number 91-2134337 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

4		A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	nbed in s	section 170(b)(1)(A)(iii). Enter the
5		An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7		A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II)			
9		An agricultural research organi or university or a non-land-gra university:	zation described nt college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receives (1) more than 337/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)							
11		An organization organized and	operated exclus	sively to test for public	safety :	See sect i	on 509(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in secti	on 509 (a)(1) or so	oction 509(a)(2). Sec	section 509(a)(3).
а		□ Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	lect a ma	ijority of t	he directors or truste	ees of the
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.							
C		Type III functionally integ its supported organization(rated. A suppor s) (see instruction	ting organization opoi ons). You must comp	ated in c lete Part	onnoctioi IV, Secti	n with, and functiona ons A, D, and E.	lly integrated with,
d		Type III non-functionally inthat is not functionally integree requirement (see instructionally	grated. The orga	nization generally mu-	st satisfy	a distribu	ition requirement and	
е		☐ Check this box if the organ functionally integrated, or 1						II, Type III
f g		inter the number of supported or Provide the following information		oorted organization(s)	٠	•		
-	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
В)								
C)								
D)								
E)								
otal								
or P	ne	rwork Reduction Act Notice, see	the Instructions f	or Form 990 or 990-EZ.	Cat	No 11285	F Schedule A (Fo	rm 990 or 990-EZ) 2020

Part	Support Schedule for Organiza								
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Secti	Section A. Public Support								
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge.								
4	Total. Add lines 1 through 3 .								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support			/					
	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	(2) 2010	(5,251)	(0) 20 70	(4) 2010	(6, 2020	(., , o.a.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carned on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc					12			
13	First 5 years. If the Form 990 is for the			, third, fourth,	or fifth tax ye	ear as a sectioi	n 501(c)(3)		
Se et	organization, check this box and stop he on C. Computation of Public Suppor			• •		• • •			
14	Public support percentage for 2020 (line 6			11 column (f))	· · ·	14	%		
15	Public support percentage from 2019 Sch					15	%		
16a	331/3% support test - 2020. If the organi			on line 13, ai	nd line 14 is 30	31/3% or more,			
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ □		
b	331/3% support test - 2019. If the organi					ıs 331/3% or mı	ore, check		
	this box and stop here. The organization qualifies as a publicly supported organization								
17a	a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
18	Private foundation. If the organization of	did not check	a box on line		 . 17a, or 17b.	check this bo	x and see		
	instructions				. ,		▶ 🗆		

Parkill . Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
If the organization fails to qualify under the tests listed below, please complete Part II.)	(Complete only	f you checked the	e box on line 10 o	f Part I or if th	ne organization	failed to qualify	under Part II.
	If the organization	on fails to qualify	under the tests lis	ted below, ple	ease complete	Part II.)	

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	61,894	59,013	58,543	13,063	30,738	223,251
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	61,894	59,013	58,543	13,063	30,738	223,251
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b . Public support. (Subtract line 7c from line 6.)						223,251
Secti	on B. Total Support	L			, <u> </u>		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	61,894	59,013	58,543	13,063	30,738	223,251
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	359	397	606	498	76	1,936
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b .	359	397	606	498	76	1,936
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	27,734	27,212	34,179	11,419	9,835	110,379
13	Total support. (Add lines 9, 10c, 11, and 12)	89,987	86,622	93,328	24,980	40,649	335,566
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's			or fifth tax ye	ar as a section	
Secti	on C. Computation of Public Suppor	t Percentage	!				
15	Public support percentage for 2020 (line 8			3, column (f))		15	66.5 %
16	Public support percentage from 2019 Sch				· · · · · · · · · · · · · · · · · · ·	16	65.9 %
Section	on D. Computation of Investment In	come Percen	tage				
17	Investment income percentage for 2020 (line 10c, columi	n (f), divided b	y line 13, colun	nn (f))	17	.6 %
18	Investment income percentage from 2019					18	.6 %
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2019. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch box and <mark>stop he</mark>	eck a box on le	ine 14 or line 19 zation qualifies a	Pa, and line 16 as a publicly st	is more than 33 apported organi	3¹/₃%, and zation ▶ □
20	Private foundation. If the organization de						

Part IV . Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below	3a	i	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)			
'			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	1		į
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	<u> </u>		
·	detail in Part VI.	110		
Secti	on B. Type I Supporting Organizations	1.10	L	L
00011	On B. Type i dupporting digunizations		Yes	No
			169	140
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	l . '		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Socti	on D. All Type III Supporting Organizations	لـــــٰـــــــــــــــــــــــــــــــ	1	
3601	UII D. All Type III Supporting Organizations		Yes	No
			165	MO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax] !		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		······································	-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test Complete line 2 below.			·,·
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(coo in	staict	lonel
2	Activities Test. Answer lines 2a and 2b below.	360 111	Yes	
		$\overline{}$	162	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1 1	}	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		ļ	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		ŀ	
	these activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		İ	
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	1	

	✓ Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying			laın ın Part VII. See
	instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A – Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
¢		1c		
d		1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 0.015 of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	· · · · · · · · · · · · · · · · · · ·	
2	Enter 0.85 of line 1.	2	* *** ****	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	rting organization
	(see instructions).	•	, 11	

Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D – Distributions				Current Year		
_1	Amounts paid to supported organizations to accomplish		1				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity			2	<u> </u>		
_3	Administrative expenses paid to accomplish exempt purp	nızatıons	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5			
6	Other distributions (describe in Part VI). See instructions			6			
7_	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive				
	(provide details in Part VI). See instructions			8			
9_	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	Τ		10	(***)		
Section E – Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020				ıs	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.	-,					
3	Excess distributions carryover, if any, to 2020						
a	From 2015			\dashv			
b	From 2016			\perp			
	From 2017	\dashv					
	From 2018			_			
	From 2019			\dashv			
<u>f</u>	Total of lines 3a through 3e						
	Applied to underdistributions of prior years			\dashv			
_ <u>h</u>	Applied to 2020 distributable amount			-			
<u>i</u> _	Carryover from 2015 not applied (see instructions)			-+			
	Remainder Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from						
4	Section D, line 7.						
a	Applied to underdistributions of prior years						
<u>a</u>	Applied to 2020 distributable amount			-+			
_ c	Remainder, Subtract lines 4a and 4b from line 4				· · · · · · · · · · · · · · · · · · ·		
<u>_</u>	Remaining underdistributions for years prior to 2020, if						
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h	··· -					
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:		寸				
а	Excess from 2016			_			
_b	Excess from 2017			\neg			
С	Excess from 2018 .						
d	Excess from 2019			\Box			
e	Excess from 2020						

)

Part VI .	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pub Fundra	iser \$9,835
	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020

Open to Public Inspection:

Name of the organization Employer identification number St. Patrick Celebrations, Inc. 91-2134337 Expenses in line 10 include the following donations; Baltimore Basilica \$2,500, Catholic Charities \$5,000, Core Cares Foundation \$2,500 Baltimore Restaurant Relief Foundation \$1,500, Mount Vernon Place \$1,500, Irish Railroad Worker Museum \$2,000, Walters Art Gallery \$1,500 Project St. Patrick \$500 Expenses in line 16 include the following; Municipal expenses (\$5,936), Insurance \$1,454, Zoom \$300, Web hosting \$288 Footnote: The 2021 parade was cancelled due to the Covid 19 Pandemic. The Municipal expenses were a refund of our deposit for the 2020 parade that was cancelled.